

County: Manitowoc  
 NORTH RIDGE MEDICAL & REHAB CENTER  
 1445 N 7TH ST  
 MANITOWOC 54220 Phone:(920) 682-0314

Facility ID: 3370

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Operated from 1/1 To 12/31 Days of Operation: 366  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/04): 118  
 Total Licensed Bed Capacity (12/31/04): 121  
 Number of Residents on 12/31/04: 102  
 Ownership: Highest Level License: Corporation  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 107

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	%
Home Health Care	No	Developmental Disabilities	0.0	Under 65	2.9	1 - 4 Years	39.2
Supp. Home Care-Personal Care	No	Mental Illness (Org./Psy)	6.9	65 - 74	14.7	More Than 4 Years	24.5
Supp. Home Care-Household Services	No	Mental Illness (Other)	2.0	75 - 84	36.3		100.0
Day Services	No	Alcohol & Other Drug Abuse	0.0	85 - 94	34.3	*****	
Respite Care	No	Para-, Quadra-, Hemiplegic	1.0	95 & Over	11.8	Full-Time Equivalent	
Adult Day Care	No	Cancer	1.0			Nursing Staff per 100 Residents	
Adult Day Health Care	No	Fractures	7.8		100.0	(12/31/04)	
Congregate Meals	No	Cardiovascular	24.5	65 & Over	97.1	-----	
Home Delivered Meals	No	Cerebrovascular	5.9			RNs	10.3
Other Meals	No	Diabetes	2.9	Gender	%	LPNs	6.4
Transportation	No	Respiratory	11.8			Nursing Assistants,	
Referral Service	No	Other Medical Conditions	36.3	Male	25.5	Aides, & Orderlies	
Other Services	Yes			Female	74.5		
Provide Day Programming for Mentally Ill	No		100.0				
Provide Day Programming for Developmentally Disabled	No				100.0		

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	5	7.6	137	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	4.9	
Skilled Care	15	100.0	304	59	89.4	118	0	0.0	0	21	100.0	160	0	0.0	0	0	0.0	0	95	93.1	
Intermediate	---	---	---	2	3.0	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.0	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	15	100.0		66	100.0		0	0.0		21	100.0		0	0.0		0	0.0		102	100.0	

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	4.0	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	3.4	Bathing	6.9	54.9	38.2	102
Other Nursing Homes	0.6	Dressing	7.8	72.5	19.6	102
Acute Care Hospitals	91.5	Transferring	11.8	64.7	23.5	102
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	7.8	71.6	20.6	102
Rehabilitation Hospitals	0.0	Eating	58.8	36.3	4.9	102
Other Locations	0.6	*****				
Total Number of Admissions	176	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	7.8		Receiving Respiratory Care	11.8
Private Home/No Home Health	4.3	Occ/Freq. Incontinent of Bladder	47.1		Receiving Tracheostomy Care	1.0
Private Home/With Home Health	25.7	Occ/Freq. Incontinent of Bowel	35.3		Receiving Suctioning	1.0
Other Nursing Homes	5.9				Receiving Ostomy Care	3.9
Acute Care Hospitals	39.0	Mobility			Receiving Tube Feeding	0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0		Receiving Mechanically Altered Diets	17.6
Rehabilitation Hospitals	0.0					
Other Locations	2.1	Skin Care			Other Resident Characteristics	
Deaths	23.0	With Pressure Sores	3.9		Have Advance Directives	100.0
Total Number of Discharges		With Rashes	0.0		Medications	
(Including Deaths)	187				Receiving Psychoactive Drugs	52.9

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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.4	84.2	1.05	86.9	1.02	87.7	1.01	88.8	1.00
Current Residents from In-County	98.0	76.9	1.28	80.4	1.22	70.1	1.40	77.4	1.27
Admissions from In-County, Still Residing	20.5	19.0	1.07	23.2	0.88	21.3	0.96	19.4	1.05
Admissions/Average Daily Census	164.5	161.6	1.02	122.8	1.34	116.7	1.41	146.5	1.12
Discharges/Average Daily Census	174.8	161.5	1.08	125.2	1.40	117.9	1.48	148.0	1.18
Discharges To Private Residence/Average Daily Census	52.3	70.9	0.74	54.7	0.96	49.0	1.07	66.9	0.78
Residents Receiving Skilled Care	98.0	95.5	1.03	96.9	1.01	93.5	1.05	89.9	1.09
Residents Aged 65 and Older	97.1	93.5	1.04	92.2	1.05	92.7	1.05	87.9	1.10
Title 19 (Medicaid) Funded Residents	64.7	65.3	0.99	67.9	0.95	68.9	0.94	66.1	0.98
Private Pay Funded Residents	20.6	18.2	1.13	18.8	1.09	19.5	1.06	20.6	1.00
Developmentally Disabled Residents	0.0	0.5	0.00	0.6	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	8.8	28.5	0.31	37.7	0.23	36.0	0.25	33.6	0.26
General Medical Service Residents	36.3	28.9	1.25	25.4	1.43	25.3	1.43	21.1	1.72
Impaired ADL (Mean)	51.6	48.8	1.06	49.7	1.04	48.1	1.07	49.4	1.04
Psychological Problems	52.9	59.8	0.89	62.2	0.85	61.7	0.86	57.7	0.92
Nursing Care Required (Mean)	4.9	6.5	0.76	7.5	0.65	7.2	0.68	7.4	0.66